C6

6854000351

Use this form for: (check one)

1. Name and address of person maki	ng expenditure:				
Name	Mailing Address		City	State	Zip Code
	Ü				
2. Candidate(s) or ballot proposition	(s) supported or opposed.				
Candidate/Proposition Names	Office/District/Proposition Nur	mber	Party (If parti	san)	Choose one
					☐ Support
					Oppose
					☐ Support ☐ Oppose
					☐ Oppose ☐ Support
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					☐ Oppose

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3. Identify independent expenditures. Itemize expenditures of more than \$50 that are part of an independent
expenditure supporting or opposing any state or local office candidate or ballot proposition.

Date Made	Date first Published/ Presented	Name and Address of Vendor or Re	cipient	Description of Expenditure (e.g., direct mail, newspaper ad, TV or radio ad)	Amount or Value (*See Below)
* Amount or Value - If no reasonable estimate can be made of value, describe activity, services, property or right furnished precisely and attach copy of item produced or distributed. *** Total independent expenditures - Include expenditures shown in this report and previously submitted reports.		Expend	litures of \$50 or less not itemized above		
		Total of this report			
		Total independent expenditures made by filer during this election campaign.**			

Person responsible for making Independent Expenditure:

I certify (or declare) under penalty of purjury under the laws of the State of Washington that this expenditure was not made in cooperation, consultation, or in concert with, or at the request or suggestion of, the above mentioned candidate, the candidate's authorized committee, or an agent of the candidate. I further certify that the above information is true, complete, and correct to the best of my knowledge.

Signature		Printed name		
Street address				
City		State	Zip	
Date signed	Place signed (City and	County)		